

APPLICATION FOR COOPERATIVE HOUSING MEMBERSHIP

PLEASE PRINT OR
WRITE OUT CLEARLY

NOTE: Page 2 may be used if additional space is required to answer any question. If the "Co-Applicant" response in Item 2 matches answer given by "Applicant" in Item 1, please indicate answer by writing "SAME".

1. APPLICANT			2. CO-APPLICANT		
NAME	AGE		NAME	AGE	
OTHER NAMES USED WITHIN LAST 2 YEARS			OTHER NAMES USED WITHIN LAST 2 YEARS		
SOCIAL SECURITY NO.	HOME PHONE	BUSINESS PHONE	SOCIAL SECURITY NO.	HOME PHONE	BUSINESS PHONE
PRESENT ADDRESS (Street & No., City, State & Zip Code)			PRESENT ADDRESS (Street & No., City, State & Zip Code)		
FORMER ADDRESS IF LESS THAN 2 YEARS AT PRESENT ADDRESS			FORMER ADDRESS IF LESS THAN 2 YEARS AT PRESENT ADDRESS		
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (including single, divorced& widowed)			MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (including single, divorced& widowed)		
ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER OBTAINED A LOAN FROM RD? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU EVER OBTAINED A LOAN FROM RD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF "YES", WHEN? _____ WHERE? _____			IF "YES", WHEN? _____ WHERE? _____		
ARE YOU PRESENTLY RENTING? (If "Yes," complete next 3 Items) <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU PRESENTLY RENTING? (If "Yes," complete next 3 Items) <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME AND ADDRESS OF LANDLORD			NAME AND ADDRESS OF LANDLORD		
HOW LONG HAVE YOU BEEN RENTING?	MONTHLY RENT		HOW LONG HAVE YOU BEEN RENTING?	MONTHLY RENT	
	\$ _____			\$ _____	
NAME AND ADDRESS OF BANK WITH WHICH YOU CONDUCT BUSINESS			NAME AND ADDRESS OF BANK WITH WHICH YOU CONDUCT BUSINESS		
COMPLETE NAME, ADDRESS, AND ZIP CODE OF EMPLOYER			COMPLETE NAME, ADDRESS, AND ZIP CODE OF EMPLOYER		
DATE OF EMPLOYMENT	GROSS INCOME (Check One)		DATE OF EMPLOYMENT	GROSS INCOME (Check One)	
TO	<input type="checkbox"/> ANNUAL \$ _____		TO	<input type="checkbox"/> ANNUAL \$ _____	
FROM	<input type="checkbox"/> MONTHLY \$ _____		FROM	<input type="checkbox"/> MONTHLY \$ _____	
TYPE OF WORK	<input type="checkbox"/> WEEKLY \$ _____		TYPE OF WORK	<input type="checkbox"/> WEEKLY \$ _____	
	<input type="checkbox"/> HOURLY \$ _____			<input type="checkbox"/> HOURLY \$ _____	

3. IF EMPLOYED IN CURRENT POSITION FOR LESS THAN 3 YEARS GIVE PAST 3 YEARS EMPLOYMENT HISTORY

A = Applicant, C = Co-Applicant)

A OR C	DATE OF EMPLOYMENT (From-To)	NAME AND ADDRESS OF EMPLOYER	TYPE OF WORK	ANNUAL GROSS INCOME	REASON FOR CHANGE

4. AGES OF PERSONS WHO WILL BE LIVING IN THE HOUSEHOLD (Other than applicant/co-applicant) WHO ARE:

[illegible]

5. CHILD CARE (Minors who are 12 years of age or under for whom you hire a babysitter or leave at child care center)

NUMBER

COST

☐ PER WEEK☐ PER MONTH

6. FOR ELDERLY FAMILY (DISABLED/HANDICAPPED) ONLY (To qualify for an exemption(s) under this category, the head, spouse, or sole member of the family or at least one of two or more persons who are living together, must be the applicant/borrower, co-applicant/co-borrower, and must be 62 years of age or older, or disabled/handicapped) **INDICATE:**

ELDERLY <input type="checkbox"/> YES <input type="checkbox"/> NO	DISABLED/HANDICAPPED <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL MEDICAL EXPENSES NOT COVERED BY INSURANCE FOR PAST 12 MONTHS	TOTAL MEDICAL EXPENSES NOT COVERED BY INSURANCE, EXPECTED FOR NEXT 12 MONTHS
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7. FINANCIAL STATEMENTS AS OF DATE OF APPLICATION

This statement may be completed jointly by Applicant and Co-Applicant if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis. Otherwise a separate statement is required.

☐ COMPLETED JOINTLY☐ NOT COMPLETED JOINTLY

ITEM	VALUE A	UNPAID DEBT B	AMOUNT DELINQUENT C	MONTHLY PAYMENT D	FINAL DUE DATE E	NAME AND ADDRESS OF CREDITOR AND ACCOUNT NUMBER F
AUTOMOBILE						
AUTOMOBILE						
CASH ON HAND						
OTHER DEBTS (doctor, hospital, credit cards etc.)						
TOTAL						

8. HOUSEHOLD INCOME	RECEIVED LAST 12 MONTHS			PLANNED NEXT 12 MONTHS		
	APPLICANT	CO-APPLICANT	OTHER ADULTS	APPLICANT	CO-APPLICANT	OTHER ADULTS
TOTAL EARNINGS						
OTHER NON-BUSINESS INCOME (<i>Social Security, pension, welfare child support, GI, interest and dividends etc.</i>)						
NET BUSINESS INCOME (<i>Gross income business expense, Attach latest annual operating statement</i>)						
ALL OTHER INCOME (<i>Specify</i>)						
TOTAL INCOME						

9. HOUSEHOLD EXPENSES	SPENT LAST 12 MONTHS	PLANNED NEXT 12 MONTHS
LIVING (<i>Food, clothing, utilities, etc.</i>)		
TAXES PAID		
CAPITAL GOODS BOUGHT FOR CASH (<i>Furniture, TV, car, etc.</i>).....		
ALL OTHER PAYMENTS (<i>Specify</i>)		
TOTAL EXPENSES		

10. I (We) certify that the statements made by me (us) in this application are true, complete and correct to the best of my (our) knowledge and belief made in good faith to obtain a loan.

***WARNING:** Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF CO-APPLICANT (<i>If any</i>)	DATE

11. VOLUNTARY INFORMATION FOR MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor the Agency's compliance with Federal laws prohibiting discrimination against loan applicants on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Agency is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

APPLICANT		CO-APPLICANT	
RACE/NATIONAL ORIGIN (<i>Not of Hispanic origin</i>)		RACE/NATIONAL ORIGIN (<i>Not of Hispanic origin</i>)	
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> HISPANIC		<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> HISPANIC	
<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER		<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ARE YOU A VETERAN OR ENTITLED TO VETERAN'S BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>This question not used for monitoring purposes</i>)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ARE YOU A VETERAN OR ENTITLED TO VETERAN'S BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>This question not used for monitoring purposes</i>)
TO BE COMPLETED BY DISTRICT DIRECTOR			
DATE	SIGNATURE OF DISTRICT DIRECTOR	DETERMINATION OF ELIGIBILITY <input type="checkbox"/> ELIGIBLE <input type="checkbox"/> NOT ELIGIBLE	RACIAL DATA PROVIDED BY <input type="checkbox"/> APPLICANT <input type="checkbox"/> RD